Under the Paperwork Reduction Act of	1995, no person are required to	U.S. Patent and Trade	emark Office; U.S. DEF	PTO/SB/17 (10-07) 06/30/2010. QMB 0651-0032 PARTMENT OF COMMERCE s a valid OMB control number.	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number 10/828,309-Conf. #4794		onf. #4794	
FEE TRANSMITTAL		Filing Date	April 21, 2004	April 21, 2004	
For FY 2008		First Named Inventor		asuo AOTSUKA	
F01 F1 2000		Examiner Name J. T. Whipkey			
2622		Art Unit	2622		
TOTAL AMOUNT OF PAYMENT	(\$) 810.00	Attomey Docket No.	0649-0956P	0649-0956P	
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):  x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEARCH FEES EXAMINATION FEES					
Application Type Fee (\$	<u>Small Entity</u> ) Fee (\$) Fee (\$	<u>Small Entity</u> i) <u>Fee (\$)      <b>Fee</b> (\$</u>	Small Entity  Fee (\$)	Fees Paid (\$)	
Utility 310	155 510		105		
Design 210	105 100	50 130	65		
Plant 210	105 310	155 160	80		
Reissue 310	155 510	255 620	310	·	
Provisional 210	105 0	0 0	0		
2. EXCESS CLAIM FEES Small Entity					
Fee Description Fee (\$)					
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)				50 25	
Multiple dependent claim over 3 (inch Multiple dependent claims	uding Keissues)			210 105 370 185	
l ' '	See (6) Food	Dold (\$)	Multiple Depende		
Total Claims Extra Claims				Fee Paid (\$)	
HP = highest number of total claims paid for			100 (4)	CC T ulu (4)	
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)			
HP = highest number of independent claims		<u>.</u>			
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
100 = /50 = (round up to a whole number) x =					
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801-Request for continued examination (RCE) (see 37 810.00					
SUBMITTED BY					
Signature	<u> </u>	Registration No. (Attorney/Agent) 40,43	9 Telephone	(703) 205-8035	
Name (Print/Type) D. Richard Anderson			Date	May 28, 2008	